

TO: Prospective Contractors

FROM: Geneva Shedd, Director
Bureau of Aging and In-Home Services

RE: Request for Proposal (RFP) Packet for Contracts for
Alzheimer's Disease Demonstration Grant Projects
Grant Project Term: July 1, 2001 - June 30, 2004

DATE: August 2001

Thank you for your interest in submitting a proposal for one of the projects to be funded by the Alzheimer's Disease Demonstration Grant. A maximum of \$67,500 is available for each of the following direct services projects:

- Project A: Enable Alzheimer's disease patients to attend adult day service centers.
- Project B: Provide a voluntary electronic respite program of in-home video camera monitoring of Alzheimer's patients.

Your proposal packet is enclosed. Please review the packet carefully to make certain all 10 pages are present. Please pay close attention to the established page limits noted on the CHECK LIST. You can apply for Project A or Project B, but not both simultaneously.

Proposals must be postmarked by Friday, September 14, 2001. In order to be considered, your proposal must be typed, doubled-spaced and submitted with two copies (a total of 3, including the original). Faxed proposals will not be accepted.

Grantees will be required to submit quarterly progress reports and may be required to meet periodically with the Bureau of Aging and In-Home Services staff assigned to this grant, the IAAAA Education Institute and the research contractor for the project. Grantees will be notified of their awards by September 24, 2001.

You may direct any questions pertaining to the attached to:
Ms. Patty Matkovic
(317) 234-0609
(800) 545-7763, ext. 234-0609

Best wishes as you plan and prepare your proposal.

GS/PM

Enclosures

PROJECT CATEGORIES

A. ENABLE ALZHEIMER'S DISEASE PATIENTS TO ATTEND ADULT DAY

SERVICE CENTERS. A total of fifty visits to adult day services will be provided for forty persons with Alzheimer's disease, with twenty-five more chosen after the initial 50 visits are used.

Successful proposals must include the following (but are not limited to):

1. Capability statement that the entity can administer this direct service project.
2. Demographic information on persons with Alzheimer's disease, especially in the rural, low income/minority population.
3. Identification of CHOICE approved Adult Day Service providers.
4. Identification of CHOICE approved home health agencies.
5. Coordination for Adult Day Services that must consider: transportation, home health aides or attendants (to assist in bathing and dressing clients), and case management.
6. Ability to identify Alzheimer's patients receiving CHOICE services, and Alzheimer's patients not receiving CHOICE services who are on CHOICE waiting lists, or other sources.
7. Letters of commitment from adult day centers that will participate in the project.
8. Letters of commitment from home health aide organizations or individuals that will participate in the project.
9. Description of the selection process to be used to identify and enlist clients.
10. Assurance of the ability to collect data, and a description of the data collection method.
11. Assurance that the direct services provided to consumers will receive case management.
12. Assurance that the entity will participate in the education components of the grant.
13. Use of CHOICE funds as local match (see budget section).

**** Written progress reports are required at mid point and close of the grant period.**

B. PROVIDE A VOLUNTARY ELECTRONIC RESPITE PROGRAM OF IN-HOME VIDEO CAMERA MONITORING OF ALZHEIMER'S PATIENTS.

Successful proposals are to include the following (but are not limited to):

1. Capability statement that this entity can administer this direct service project.
2. Demographic information on persons with Alzheimer's disease, especially in the rural, low-income/minority population.
3. Ability to identify Alzheimer's patients receiving CHOICE services, and Alzheimer's patients not receiving CHOICE services who are on CHOICE waiting lists, or other sources.
4. Identification of locations suitable for monitoring sites, to include a description of the method used to arrange for these sites if the caregiver cannot provide monitoring.
5. Assurance that permission of participants will be obtained to furnish information for the evaluation of this project according to the guidelines of the grant.
6. Assurance of the ability to collect data, and a description of the data collection method.
7. Assurance that the direct services provided to clients will receive case management.
8. Use of CHOICE funds as local match (see budget section).

**** Written progress reports are required at mid point and close of the grant period.**

PROJECT PROPOSAL REQUIREMENTS
CONTRACT PERIOD: October 1, 2001 - September 30, 2004

GENERAL REQUIREMENTS FOR PROPOSALS

1. Complete and enclose the Check List. Number the Check List as page 1.
2. Complete and enclose the I. Identification Form. **BE CERTAIN TO SIGN THIS FORM.** Check the Project Category and complete the Budget Summary.
3. Enclose a Project Abstract. Label it as: II. Project Abstract (Include the name of your agency, organization, or business). A maximum of one typed, double-spaced page, one-sided, will be accepted.
4. Provide the requested information under Project Narrative. Label this section as: III. Project Narrative. State realistic goals and measurable objectives for the project you are proposing. Be specific. A maximum of 5 typed, doubled-spaced pages, one-sided, will be accepted. Include an organization chart, resumes, vitae, etc. as appendices. (Appendices are not counted toward the 5 page limit).
5. Complete and enclose the IV. Budget Form being certain to include any “in-kind” as well as matching funds. Indicate the source and amount of any matching funds.
6. Attach V. Letters of Support. You **must** have the following letters of support: **Project A** (letters of commitment to the project from adult day service centers, and home health attendant agencies or individuals who will participate in the project); **Project B** (letter of cooperation from the location(s) chosen for monitoring site(s)). **Letters of support must be submitted with the proposal. Those mailed or faxed separately will not be considered or accepted.**
7. Complete ** areas only – on Proposal Review Sheet – and attach after Letters of Support.
8. **Proposals must be complete, typed, signed, doubled-spaced, within the maximum number of pages, in triplicate, on the attached forms and submitted by the deadline – in order to be considered for funding. Faxed proposals will not be reviewed, accepted or considered.**

**** FOR EACH PAGE WHICH DOES NOT HAVE THE NAME OF YOUR AGENCY, BUSINESS OR ORGANIZATION AS PART OF THE REPORT, INCLUDE IT BENEATH THE TITLE OF THE PAGE.**

PROPOSAL CHECK LIST

Please Note: All items listed below must be postmarked by the proposal deadline of Friday, September 14, 2001. Incomplete, late or faxed proposals will not be considered.

Submit proposal packet (original and two copies) to:

Ms. Geneva Shedd, Director
Bureau of Aging and In-Home Services
Division of Disability, Aging, and Rehabilitative Services
P.O. Box 7083 - Mail Stop 21
Indianapolis, IN 46207-7083

Or, hand carry proposal packet (original and two copies) to:

Ms. Geneva Shedd, Director
Bureau of Aging and In-Home Services
Division of Disability, Aging, and Rehabilitative Services
Room W454
Indiana Government Center South
402 W. Washington Street
(on Washington Street, between Senate Avenue and West Street)

- I. _____ Identification Form (attached)
- II. _____ Project Abstract (up to one page typed, one-sided, double-spaced)
- III. _____ Project Narrative (up to 5 pages typed, one-sided, double-spaced)
 - a. _____ Describe the need for these services in your area.
 - b. _____ Identify the goals and objectives of your project.
 - c. _____ Identify the methodology that will be used to attain your objectives.
 - d. _____ Describe your plan of action.
 - e. _____ Describe your data collection method and ability.
 - f. _____ Describe your ability to administer the project. Include specifics of staffing and an organization chart.
 - g. _____ Identify community support for your project. Describe the support relevant to Project A, or Project B.
 - h. _____ Identify the possibilities of continuing the projects after the grant has expired.
- IV. _____ Budget Form (attached)
- V. _____ Letters of Support. **MUST BE ENCLOSED WITH PROPOSAL**
- VI. _____ Proposal Review Sheet (complete ** areas only)

PROPOSAL

I. IDENTIFICATION FORM

Please Type and Submit in Triplicate

Address of Administrative Office _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Agency/Organization Director (Name) _____ Title _____ Signature _____

Project Director/Grant Administor _____ Title _____ Signature _____

Area Code/Telephone # _____ Date of Incorp. & Federal I.D. Number _____
(if applicable)

Project Category (check one only):

- A. _____ Enable Alzheimer's Disease patients to attend adult day service centers.
B. _____ Provide a voluntary electronic respite program of in-home video camera monitoring of Alzheimer's patients.

Budget Summary

Dollars Requested: \$ _____

In-kind Contributions: \$ _____
(Optional)

Matching Funds: \$ _____

Total Project Cost: \$ _____

% of Matching Funds to _____ %
Total Project Budget

II. PROJECT ABSTRACT

Please Type, Double-Space, and Submit in Triplicate (up to one page, one-side).

Write a one-page summary of your proposed project. Include the basic and vital components of your proposal. Your abstract should be very clear, concise and complete in explaining the who, what, when, where, why and how, of your proposal. Title this page Project Abstract. Include the name of your agency, organization or business.

III. PROJECT NARRATIVE

Please Type, Double-Space, and Submit in Triplicate as Numbered Below (up to 5 pages, one-side).

1. Describe the need for these services. Is there evidence or data documenting the need? If nothing is done, what might happen? What is the extent of the problem?
2. Identify the goals and objectives of your project. Provide measurable goals and objectives you hope to achieve through the project.
3. Identify the methodology that will be used to attain your objectives. Provide specific statements identifying: What will you do? How will you do it? How many persons will you serve? How will those served benefit? Who will be doing what? When? How much will be achieved? How will objectives be measured?
4. Describe your plan of action. State the strategies that will be used to meet each objective; identify your resources i.e., people, time, materials, money, etc. and a plan for monitoring the progress.
5. Describe your data collection method and ability. Identify the data to be collected and describe your ability to gather and manage data.
6. Describe your ability to administer the project. What staff will be allotted to this project? Will staff and volunteers be full-time or part time? What similar projects have you managed? Include an organization chart and resumes of key project personnel as appendices.
7. Identify community support for your project. Describe specifically the support available for Project A or Project B.
8. Identify the resources available to continue the projects after the grant has expired. Is there a plan to continue the project's services at the conclusion of the grant period?

IV.PROVIDER BUDGET FORM

ORIGINAL: __ REVISION:____

PROVIDER LEGAL NAME:

PROVIDER ADDRESS:

TELEPHONE NUMBER: _____FEDERAL ID NUMBER: _____

PROJECT PERIOD October 1, 2001 - September 30, 2004

PURPOSE OF BUDGET:

SERVICE CODE	MAJOR OBJECT	DESCRIPTION	AMOUNT
2401	.1	PERSONNEL*	
2401	.2	RENT/UTILITIES	
2401	.3	TELEPHONE/POSTAGE	
2401	.4	CONTRACTED SERVICES*	
2401	.5	MATERIALS/SUPPLIES	
2401	.6	EQUIPMENT*	
2401	.7	TRAVEL*	
2401	.8	INDIRECT COST*	
2401	.9	OTHER ALLOWABLE COSTS*	

TOTAL

***Specify on attachment to budget.**

This budget has been approved by the Board of Directors at its meeting of _____.

DATE: _____ Authorized official: _____

PROVIDER BUDGET

DESCRIPTION OF BUDGET FORM CATEGORIES

- .1 PERSONNEL: Salaries and fringe benefits. **Specify on attachment to budget.**
- .2 RENT/UTILITIES: Occupancy costs, including utilities such as electricity, etc.
- .3 TELEPHONE/POSTAGE: Local and long distance telephoning, postage including box rental, etc.
- .4 CONTRACTED SERVICES: Any administrative or program services contracted to another entity, such as copier, legal consulting, printing services. **Specify on attachment to budget.**
- .5 MATERIALS/SUPPLIES: Paper, pens, pencils, paperclips, etc.
- .6 EQUIPMENT: Office furniture and computer related equipment, copier purchase, etc. **Specify on attachment to budget.**
- .7 TRAVEL: In-state and out-of-state travel costs, covering transportation, meals, lodging, per diem. **Specify on attachment to budget.**
- .8 INDIRECT COST: Use only if an indirect rate is applicable. **If applicable, submit documentation.**
- .9 OTHER: Anything not covered elsewhere in budget. **Specify on attachment to budget.**

ALZHEIMER'S DISEASE DEMONSTRATION GRANT PROJECTS
PROPOSAL REVIEW SHEET

**Proposed Grantee

**Contact Person

**Telephone Number

REVIEW CRITERIA

1. What are the specific goals and objectives of the proposal (25)
 - a. Are the goals and objectives clearly delineated?
 - b. Are the goals and objectives consistent with the objectives stated in the Alzheimer's Disease Demonstration Grant?
2. Methodology – What is the method by which the entity will achieve its goals? (25)
 - a. What will it do?
 - b. How will it do it?
 - c. How many Alzheimer's patients and families will be served?
 - d. How will those served benefit?
 - e. Does the agency demonstrate the ability to administer its project?
3. Plan of Evaluating Outcomes (10)
 - a. How will success be measured?
 - b. Does the expected number served justify the grant expenditure?
4. Is the Project Necessary or Needed? (10)
 - a. Is there evidence or data documenting the need?
 - b. Are there clients waiting to use the service?
 - c. Does it duplicate existing programs or studies?
 - d. Does the program address the needs of underserved populations including rural, low-income and minority individuals with Alzheimer's disease?
5. Community Support (15)
 - a. Has the organization demonstrated that the program will have the support of the community-at-large (community financial resources or in-kind contributions?)
 - b. Are letters of commitment provided from adult day service centers, and home health aide agencies or individuals for Project A, or letters of cooperation from monitoring sites for Project B?
6. Long-Range Prospects for the Program (5)
 - a. How will the service proposals survive post-grant?
 - b. Are there definite plans to continue the services after the end of the grant period?
7. Budget (10)
 - a. Are the expenditures reasonable and justified?
 - b. Are the items requested consistent with the priorities of the Alzheimer's Disease Demonstration Grant and the budget process?

Total Score: _____

FOR COMMITTEE DISCUSSION

Project Strengths

- 1.
- 2.
- 3.
- 4.
- 5.

Project Weaknesses

- 1.
- 2.
- 3.
- 4.
- 5.

Comments:

****Previous Division Funding? Yes ___ No ___ When?**

This form is meant as a guide for evaluating grant proposals. This form is constructed in such a way that not all questions may be applicable for research/study proposals.